



Network Operations Manual

January 2012 - June 2012

Table of Contents

Introduction	3
Purpose of the Manual	3
What is Healthy San Francisco (HSF)?.....	3
Network	4
Medical Home Network	4
Medical Home Status	5
Medical Home Restrictions.....	5
Medical Home Status, Profile, and Directory Changes	6
Facility Network.....	7
Medical Home Staffing	7
Changing Medical Homes	8
Finance and Grant Payments.....	8
Participant Eligibility	9
Disenrollment from Healthy San Francisco	10
HSF Participant ID Card.....	10
One-e-App Technical Issues /CAA Responsibilities & Questions	11
Participant Fees	12
Point of Service Fees	12
Included Services and Exclusions	13
Included Services	13
Emergency Care	14
Urgent Care.....	14
Ambulance	14
Hospital Care	15
Preventive Care	15
Pharmacy.....	15
Specialty Care.....	16
Laboratory Services	16
Mental Health.....	16
Family Planning.....	17
Durable Medical Equipment (DME)	17
Substance Abuse	17
Short-Term Acute Rehabilitation Services.....	17
Authorizations and Referrals.....	19
Out of Network Care	19
Excluded Services.....	20
Service Records/Data	21
Encounters	21
Data Elements.....	21
Quality Improvement	22
Program Structure & QI Committee	22
Health Education Mailings.....	22
Disease Management	22
Participant Customer Service	23
Participant Complaints Process	23
Medical Home Site Reviews	24
Coordination with Other Programs	25
What to do if a participant has or is eligible for insurance or other programs	25
Pregnancy Related Services	25
Coordination with Community Resources, Patient Assistance Programs, and Charity Care.....	25
Healthy San Francisco Contacts	26
List of HSF Contacts	26
Frequently Asked Questions	27
What is the Employer Spending Requirement?.....	27
What is the City Option?.....	27
Is it permissible to move a participant back to the hospital partnered with their medical home?	28
Can participants access services retroactively?	28
Does HIPAA apply to Healthy San Francisco since it is not insurance?	28

Introduction

Purpose of the Manual

The purpose of this manual is to:

- Provide medical home administrators and staff with a reference to HSF program policies and procedures
- Clarify the roles of HSF program staff and medical home staff

What is Healthy San Francisco (HSF)?

Healthy San Francisco is an innovative health care coverage program designed to make health care services accessible and affordable to uninsured San Francisco residents. Established in 2006, Healthy San Francisco is operated by the [San Francisco Department of Public Health](#) (DPH).

Healthy San Francisco is not insurance, but a restructuring of the San Francisco health care safety net. HSF enables and encourages residents to access primary and preventive care by providing a medical home and primary care provider to every program participant. HSF includes the following services: specialty care, ambulance services, alcohol and drug abuse care, mental health care, family planning, durable medical equipment, urgent and emergency care, laboratory services, radiology, pharmaceuticals, and inpatient hospitalization. It is confined to the City and County of San Francisco geographically. It is available to San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

Network

Medical Home Network

A medical home is the facility (a clinic or doctor's office) that the HSF participant selects upon enrollment. The medical home is responsible for providing primary care services and coordinating care for the HSF participant.

The medical home network of HSF consists of:

- 16 San Francisco Department of Public Health (SFDPH) Clinics at 14 sites
- 8 San Francisco Community Clinic Consortium (SFCCC) Clinics at 14 sites
- Sister Mary Philippa Health Center
- Chinese Community Health Care Association (CCHCA) – Chinese Hospital including Sunset Health Services, Excelsior Health Services, and independent physicians
- Kaiser Permanente San Francisco Medical Center
- BAART Community HealthCare
- Brown & Toland Physicians - CPMC

Department of Public Health

- [Castro Mission Health Center](#)
- [Chinatown Public Health Center](#)
- [Cole Street Youth Clinic](#)
- [Curry Senior Center](#)
- [Family Health Center @ SFGH](#)
- [Housing and Urban Health Clinic](#)
- [General Medicine Clinic @ SFGH](#)
- [Larkin Street Youth Clinic](#)
- [Maxine Hall Health Center](#)
- [Ocean Park Health Center](#)
- [Potrero Hill Health Center](#)
- [Positive Health Program @ SFGH](#)
- [Silver Avenue Family Health Center](#)
- [Southeast Health Center](#)
- [Teen and Young Adult Health Center](#)
- [Tom Waddell Health Center](#)

Community Consortium Clinics

- [Haight Ashbury Free Medical Clinic](#)
- [Haight Ashbury Integrated Care Center](#)
- [Glide Health Services](#)
- [Lyon-Martin Health Services](#)
- [Mission Neighborhood Health Center](#)
- [Mission Neighborhood Health Center - Excelsior](#)
- [Native American Health Center](#)
- [North East Medical Services - Chinatown](#)
- [North East Medical Services - Portola](#)
- [North East Medical Services – Sunset \(Noriega\)](#)
- [North East Medical Services - Visitacion Valley](#)
- [St Anthony Medical Clinic](#)
- [South of Market Health Center](#)
- [South of Market Senior Clinic](#)

Other Medical Homes

- [BAART Community HealthCare-Market St](#)
- [BAART Community HealthCare-Turk St](#)
- [Brown & Toland Physicians – CPMC](#)
- [Chinese Community Health Care Association \(CCHCA\)](#) – Chinese Hospital
- [Kaiser Permanente San Francisco Medical Center](#)
- [Sister Mary Philippa Health Center](#)

Medical Home Status

Healthy San Francisco medical home open/closed status is determined by appointment availability.

A HSF medical home is considered “open” when it is accepting all new and existing patients and when clinical appointments for new patients are available within 60 days upon calling for an appointment. A HSF medical home is considered “closed” when it is accepting only **existing** patients and when clinical appointments for new patients are **not** available within 60 days upon calling for an appointment. A “new patient” is a participant who states they have not been seen at the medical home in the past two years. When HSF medical homes provide information on their open/closed status, they must take into account clinical appointment needs for patients with other payor sources such as Medi-Cal, Healthy Families, Healthy Workers, self-pay, etc.

Aside from new and existing patient status, there are no other patient restrictions for a medical home with a status of “closed” unless enrollment for the medical home is done solely by SFHP or the medical home has a population restriction (e.g. only open to young adults). In these cases, medical homes are listed as closed to prevent non-SFHP CAAs from enrolling participants to these medical homes.

HSF medical homes are responsible for providing clinical appointments to all new HSF participants that have selected their clinic. If a new HSF participant attempts to schedule their first clinical appointment after their medical home has closed, it remains the responsibility of the medical home to ensure that the patient gets a clinical appointment within the 60 day requirement. All medical homes (open or closed) with a Certified Application Assistor (CAA) are required to enroll, renew, and modify applications for any medical home requested by potential participants.

Medical Home Restrictions

Certain medical homes may be permitted to restrict enrollment to special populations under limited circumstances. HSF will only consider requests by medical homes to restrict medical home selection to particular populations in the following circumstances:

- The legal scope of services offered by the medical home is limited to a particular population
- Medical home services are explicitly targeted to one unique patient population

Medical Home Coordinators are responsible for submitting requests to add/modify medical home restrictions to HSF Provider Relations as-needed via the open/close medical home process. The Director of Healthy San Francisco and the SFHP Medical Director review and issue a decision on the medical home restriction requests.

- Communication of Decision on Medical Home Restriction Requests:
 - The Director of Healthy San Francisco notifies the Medical Home Coordinator who requested a change to the Medical Home Restriction of the decision. The Director of Healthy San Francisco also notifies HSF Provider Relations of the decision for tracking purposes.
 - If Medical Home Restriction request is approved, then HSF Provider Relations updates the HSF Medical Home Directory to reflect the updated Medical Home Restriction. Changes in Medical Home Restrictions are also communicated to the key stakeholders who are notified of changes to medical home open/close status.

Medical Home Status, Profile, and Directory Changes

HSF Provider Relations sends e-mails on the 1st and 15th of every month to the designated medical home contact to verify medical home status, contact information, and directory description information. The e-mail includes HSF medical home open/close data spreadsheet that lists the current status of the HSF medical homes in One-e-App (OeA). Some medical homes restrict services to special populations (see Medical Home Directory). Designated medical home contacts are responsible for reviewing the status of the HSF medical homes and communicating any changes to HSF Provider Relations. HSF Provider Relations updates requests for status changes in the One-e-App system within two business days of receipt of the request. In the absence of a status change request, the open/close status of the HSF medical home will remain the same.

As-needed updates may be requested by the designated medical home contact at any time during the month. If you have changes to your medical home status, profile, or directory description, please contact your designated medical home contact listed below.

Affiliation	Contact Name	Email
BAART Community HealthCare	Michelle Kletter	mkletter@baartprograms.com
Brown & Toland Physicians - CPMC	Kristen Kanach	kkanach@btmg.com
CCHCA-Chinese Hospital	Duane Oshinomi	duaneo@chasf.org
DPH Hospital Based (at SFGH)	Roland Pickens	Roland.Pickens@sfdph.org
DPH Community Oriented Primary Care Clinics	Lisa Johnson, MD	lisa.johnson@sfdph.org
Kaiser Permanente San Francisco Medical Center	Diane Easterwood	Diane.J.Easterwood@kp.org
San Francisco Community Clinic Consortium	Merrill Buice	mbuice@sfccc.org
Sister Mary Philippa Health Center	Barry Lawlor	Barry.Lawlor@DignityHealth.org

Facility Network

The facility network of HSF consists of:

- San Francisco General Hospital (SFGH) for San Francisco Department of Public Health (SFDPH), select San Francisco Community Clinic Consortium (SFCCC) clinics, and BAART Community HealthCare
- Chinese Hospital for Chinese Community Health Care Association (CCHCA-Chinese Hospital)*
- St. Francis Memorial Hospital (Dignity Health) for Glide Health Services and CCHCA/Chinese Hospital*
- St. Mary's Medical Center (Dignity Health) for Sister Mary Philippa Health Center *
- California Pacific Medical Center (California, Davies, Pacific & St. Luke's) for North East Medical Services (NEMS)* and Brown & Toland Physicians - CPMC
- Kaiser Foundation Hospital San Francisco for Kaiser Permanente San Francisco Medical Center
- University of California San Francisco (UCSF) Radiology Services (by SFGH referral only)*

* Some services may not be available at the associated facility. Consult with the medical home network's Utilization Management department for referral authorization. Please refer to the table below for Medical Home/Facility Network Utilization Management contacts.

Medical Home/Facility Network	Contact Name	Email
BAART Community HealthCare	Michelle Kletter	mkletter@baartprograms.com
Brown & Toland Physicians - CPMC	Customer Service	customerservice@btmg.com
CCHCA-Chinese Hospital	Debbie McAllister, RN	Dmcallister@CCHPHMO.COM
Department of Public Health Clinics	Ana Sampera	utilization@sfdph.org
Glide Health Services	Karen Hill, RN	Karenh@glide.org
Kaiser Permanente San Francisco Medical Center	Rachel Kaufman	Rachel.Kaufman@kp.org
North East Medical Services	Ken Tai, MD	kenneth.tai@NEMS.org
Select San Francisco Community Clinic Consortium Clinics using SFGH	Ana Sampera	utilization@sfdph.org
Sister Mary Philippa Health Center	Barry Lawlor	Barry.Lawlor@DignityHealth.org

Medical Home Staffing

Most providers at HSF medical homes are credentialed through their health plan contracts. HSF does not perform any credentialing of providers. HSF utilizes the existing health plan credentialing process to verify the credentials of HSF medical home network providers.

Changing Medical Homes

All participants select a medical home upon initial enrollment and annual reenrollment.

Participant requests to change their medical home during the enrollment year can be made only by contacting HSF Customer Service Center and ONLY for at least one of the following reasons:

- A participant has a change of status (e.g. change of home or work address)
- A provider or participant requests assignment to the Positive Health Program at SFGH
- An OBIC provider requests participant assignment to a HSF medical home with a provider certified to prescribe buprenorphine
- A participant requests assignment to BAART
- A participant ages out of a HSF medical home which exclusively serves young adults 18-25 (Teen and Young Adult Health Center at SFGH, Larkin Street Youth Clinic, Cole Street Youth Clinic)
- Pursuant to a complaint
- Pursuant to a documented agreement between two medical homes
- A participant is assigned to the SFGH Urgent Care Clinic
- A participant identifies an error that occurred during the medical home selection process

Participants must contact HSF Customer Service Center to make a medical home change. Participants will be notified by HSF Customer Service or HSF Quality Improvement Coordinator whether their request has been approved. Medical home change requests that meet at least one of the above criteria are effective upon approval. Medical home changes are not granted retroactively.

A new ID card with the new medical home information will be automatically generated and sent to the participant when a medical home change occurs.

Finance and Grant Payments

Each HSF medical home network has a different model of payment. HSF's third-party administrator (TPA), San Francisco Health Plan, administers HSF provider agreements and grant payments to non-SFDPH HSF medical homes and facilities.

For questions about provider agreements or grant payments contact Rich Rubinstein at rrubenstein@sfhp.org.

Participant Eligibility

The San Francisco Department of Public Health (SFDPH) determines all eligibility rules for Healthy San Francisco. SFDPH authorizes trained Certified Application Assistors (CAAs) at designated enrollment sites to screen applicants for HSF eligibility according to program rules. Detailed information regarding eligibility screening is available in the **Healthy San Francisco Application Assistor Eligibility Reference Manual**. Contact Johana Alvarado at jalvarado@sphp.org for more information.

Eligible applicants must meet all of the following guidelines:

- Be deemed ineligible for local, state and federal full-scope public coverage programs by the Department's electronic eligibility system, or show written proof of denial (excludes denials related to failure to cooperate) from other state and federal full-scope programs.
- Be uninsured. Individuals with time-limited, restricted health insurance benefits from a state or federal program may be considered eligible.
- Be a current City and County of San Francisco resident, with proof of San Francisco residency, and not a person with an active I-94. Homeless applicants can provide verbal proof of San Francisco residency.
- Be ages 18-64 (inclusive), an emancipated minor, or a minor applying for coverage on his or her own behalf who is not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent.
- Have a household income of 500% of the Federal Poverty Level (FPL) or below. Countable income includes all earned and unearned taxable income and liquid assets.
 - **Exception:** There is no income limit for individuals participating in HSF as part of the City Option, offered under the Employer Spending Requirement.
- Not have been covered by employer paid or privately purchased health insurance within the last 90 days, except for individuals who lost coverage due to the following circumstances:
 - Job loss
 - Moved and no insurance available
 - COBRA eligibility ended
 - Aged out of parent's health insurance coverage

There is no enrollment waiting period for those covered by public coverage within the last 90 days. There is no enrollment waiting period for those who drop, disenroll, or decide not to enroll in COBRA coverage after job loss. Individuals must disenroll from COBRA coverage, however, and be uninsured to be eligible for HSF.

Persons interested in applying for HSF should be referred to 3-1-1, an HSF enrollment site, or HSF Customer Service Center. Providers can use One-e-App to verify a participant's eligibility status.

Disenrollment from Healthy San Francisco

Participants no longer meeting program eligibility requirements are disenrolled from HSF by HSF Customer Service or CAA supervisors during their coverage period. Participants may voluntarily disenroll by contacting HSF Customer Service Center.

Examples of reasons for disenrollment:

- Insufficient payment of participant fees
- Not a San Francisco resident
- Exceeds program age requirements
- Enrolled in public coverage, employer-sponsored insurance, or private insurance
- Did not complete renewal (e.g. insufficient payment, incomplete documentation, failure to complete rescreening)
- Participant is deceased
- Cannot afford participant fee
- Program dissatisfaction (e.g. administration, services, medical home, etc.)
- False or misleading information on HSF application
- Determined eligible for other programs during renewal or modification

Participants receive a letter via mail within 1 week of their disenrollment date. This letter clearly states the reason for the disenrollment and is provided in English, Spanish, and Chinese. Individuals disenrolled because they exceed program age requirements will receive a specialized notice detailing steps on how to apply for other coverage programs.

If a HSF medical home obtains information indicating that a HSF participant no longer meets program eligibility requirements during their term, a disenrollment request may be initiated by the medical home. Medical homes which are also HSF enrollment sites can complete the disenrollment directly, provided they maintain or have access to supporting documentation for the disenrollment on-site (e.g. Medi-Cal status). Medical homes without enrollment sites shall contact HSF Customer Service Center and must submit documentation (e.g. proof of enrollment in full-scope insurance, proof of non-San Francisco residence) showing the participant no longer meets program eligibility requirements. HSF Customer Service will review the case and will disenroll the participant if they confirm that the documentation supports a mid-term disenrollment.

HSF Participant ID Card

All new Healthy San Francisco participants are mailed an identification card, called a Participant ID Card. When presented, this is an indicator to the medical home that a participant intends to access services through their enrollment in Healthy San Francisco. The Participant ID Card is not a guarantee of eligibility, and medical homes are encouraged to follow all established protocols necessary to determine current eligibility using One-e-App.

Participants are advised to carry this ID Card at all times, but most importantly when:

- Visiting their medical home
- Accessing medical services of any kind

<p>Pat Lee Participant ID#: 123-4567-89 DOB: 8/28/64 Language: Chinese Medical Home: North East Medical Services Chinatown Medical Home Address: 1520 Stockton St. San Francisco, CA 94133 Medical Home Phone: (415) 391-968</p> <p><i>Healthy San Francisco is NOT insurance and will not cover any services outside the participant's Healthy San Francisco-network-including emergency care.</i></p> <p>This card is for identification only. It does not guarantee eligibility in Healthy San Francisco.</p>	<p>Medical Services: When you need medical services or prescriptions, contact your Medical Home. Present this card when you visit your doctor or the pharmacy to pick up prescriptions. Dental and vision services are not provided by Healthy San Francisco.</p> <p>Emergency Care: Go to the hospital in your Medical Home network, or go to the nearest hospital and ask about their free or reduced cost emergency care program. If you think your medical condition is life-threatening, call 911.</p> <p>Behavioral Health & Substance Abuse Counseling: Call San Francisco Community Behavioral Health Services at (415) 255-3737 or (888) 246-3333.</p> <p>Questions: Call Healthy San Francisco Customer Service at (415) 615-4555.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

One-e-App Technical Issues /CAA Responsibilities & Questions

For One-e-App Technical Issues, contact One-e-App at 866-429-1979 or tpro@oneapp.org

All HSF Assistors are trained to enroll, modify, and renew applications. Healthy San Francisco application assistance services include, but are not limited to: 1) new applications, and 2) modification and renewal of applications.

1. New Applications: New HSF applicants should be encouraged to apply at their current or desired medical home when seeking application assistance. Applicants with an employer contribution through the City Option should be directed to the Employee Enrollment Unit at the San Francisco Health Plan. New applicants who have never been a participant of HSF and desire to choose Kaiser Permanente San Francisco Medical Center or Brown & Toland Physicians - CPMC must also be directed to San Francisco Health Plan's enrollment unit to apply. Enrollment sites may pre-screen applicants and redirect applicants seeking a specific medical home to the appropriate enrollment site. If an assistor begins a new application in One-e-App and the applicant selects a medical home outside of the assistor's enrollment location, the assistor should proceed in submitting the application.

2. Modification/Renewal Applications: HSF Assistors should assist HSF participants who are assigned to their medical home or who originally enrolled at their site with application modifications and renewals. HSF applicants should not be turned away when seeking this type of application assistance at their medical home or original HSF enrollment site, even if they are seeking a new medical home.

For HSF Application Assistor Training contact Johana Alvarado at jalvarado@sfhp.org.

Participant Fees

Participants with household incomes above 100% of the FPL are assessed a quarterly participant fee. This fee must be paid to maintain enrollment in the program.

Participants receive a participation fee invoice by mail after they successfully enroll in HSF. Medical homes are not responsible for collecting, reconciling or managing quarterly participant fee payments.

Healthy San Francisco Participant Fees		
FPL	Quarterly	Annual
0-100%	\$0	\$0
101-200%	\$60	\$240
201-300%	\$150	\$600
301-400%	\$300	\$1200
401-500%	\$450	\$1,800
500%+	\$675	\$2,700

Participants who are a part of the City Option may receive a 75% discount on quarterly participation fees when they enroll in the program at a designated enrollment site. Enrollment fees are calculated as follows:

If an employee's income is at this percentage of the Federal Poverty Level	0-100%	101-200%	201-300%	301-400%	401-500%	501%+
<i>The participant fee with the 75% discount is...</i>	\$0	\$0	\$0	\$75	\$112.50	\$168.75

Refer questions about quarterly participant fees and billing to HSF Customer Service Center (415) 615-4555.

Point of Service Fees

A Point of Service (POS) fee is what HSF participants pay for medical services at the time he or she receives them. The POS fee amount depends on the participant's medical home, household income, and medical service being provided. Medical homes are responsible for collection of point-of-service fees and for determining rules governing collection of these fees.

Refer questions about POS fees and billing to the applicable medical home contact listed on page 6.

Included Services and Exclusions

Included Services

- Emergency Care – see *Emergency Care*
- Urgent Care – see *Urgent Care*
- Ambulance Services – see *Ambulance*
- Hospital Care – see *Hospital Care*
- Preventive Care – see *Preventive Care*
- Prescriptions – see *Pharmacy*
- Specialty Care – see *Specialty Care*
- Laboratory – see *Laboratory Services*
- Mental Health – see *Mental Health*
- Family Planning – see *Family Planning*
- Durable Medical Equipment (DME) – see *Durable Medical Equipment*
- Alcohol and Drug Abuse Care – see *Substance Abuse*
- Short-Term Acute Rehabilitation Services – see *Short-Term Acute Rehabilitation Services*

Emergency Care

Care at a hospital Emergency Department is for medical emergencies only. This includes life-threatening or serious illness or injury. HSF only pays for emergency services provided at a hospital associated with a participant's medical home, even for emergency services. If the participant is being treated at a hospital not associated with their medical home, he or she should ask to be considered for that facility's free or reduced-cost care programs.

Urgent Care

Urgent care services are provided by medical homes. If a medical home is unable to provide urgent care, a participant is referred to a hospital associated with a participant's medical home. HSF only pays for services provided at a hospital associated with a participant's medical home, even for urgent care services. If the participant is being treated at a hospital not associated with their medical home, he or she should ask to be considered for that facility's free or reduced-cost care programs.

Ambulance

Healthy San Francisco includes transportation by ambulance **only for life-threatening emergencies**, and **only within San Francisco**. If transportation by ambulance is for anything other than a life-threatening emergency, or if transportation is outside of San Francisco for any reason, Healthy San Francisco will not pay for the ambulance.

Healthy San Francisco participants who receive emergency medical transport via the San Francisco Fire Department (SFFD) are screened for eligibility for the Fire Department's Financial Hardship Program for no-cost emergency ambulance transport. HSF participants who qualify for the Financial Hardship Program are not liable for the cost of emergency ambulance transport to **any** inpatient hospital in San Francisco, if transported by the San Francisco Fire Department.

Healthy San Francisco participants must be identified as enrolled in HSF to have any bills for ambulance transport services written-off by SFFD. HSF Administration sends a monthly HSF enrollment file with patient identifiers such as date of birth, name, and social security number to the Fire Department's billing vendor for upload into their billing system. If sufficient data elements are available to allow billing staff to identify an emergency services patient as an HSF participant then the **invoice is written off, and no invoice is sent to the patient**.

A subset of HSF participants will receive a bill if the Fire Department's billing vendor lacks sufficient identifying information to identify HSF enrollment in their billing system. **Participants who receive a bill should contact the Fire Department's billing vendor (APDI) at 1-800-339-1159. All inquiries regarding emergency ambulance transport bills should be directed to this number.**

Healthy San Francisco participants who receive emergency medical transport via other ambulance companies should ask to be considered for the ambulance company's free or reduced-cost care program.

Providers and participants are encouraged to **contact 9-1-1 for all emergency transportation** because there is a good chance that the responding ambulance will be from the SFFD. **HSF does not promote calling private emergency transport companies for pick-up directly in the event of an emergency** because participants

may be assessed a full bill as private companies maintain individual fee schedules and are not required to discount the patient bill. HSF, via the Department of Public Health, will work with a private ambulance company if it responds to a 9-1-1 call for a HSF participant.

Hospital Care

Healthy San Francisco provides hospital care at the hospital associated with the participant's medical home. Except in an emergency, the participant will need a doctor or a specialist in their medical home network to refer them for hospital care.

All San Francisco hospitals (with the exception of Veterans Hospital) adhere to [Emergency Medical Treatment and Active Labor Act](#) (EMTALA) for patient care, including care for Healthy San Francisco participants. Under EMTALA, patients needing emergency treatment can be discharged only under their own informed consent or when their condition requires transfer to a hospital better equipped to administer the treatment. Hospitals should *not* transfer a HSF participant to another facility if they can provide the necessary services to stabilize and discharge the HSF participant even if the HSF participant belongs to another medical home network.

Hospitals may accept level-of-care transfers for HSF participants if the transferring hospital does not have a bed available at the needed acuity level. An inter-facility transfer for an HSF participant is subject to availability of appropriate-level beds at the receiving hospital AND agreement between the two facilities.

Services at hospitals not associated with a participant's medical home are not paid for by Healthy San Francisco, even if the participant is transferred from the hospital partnered with their medical home to a different hospital. In these circumstances, participants should work with the hospital's charity care program to see if they qualify.

Preventive Care

Regular check-ups and health screenings help prevent illness and are an important part of ongoing health care treatment. All of these services are provided by medical homes.

Pharmacy

Participants can receive prescription medicines on their medical home's formulary and when they are prescribed by a medical home network provider. Any medications that have not been approved are not paid for by Healthy San Francisco. Each medical home has a designated pharmacy or other resource for picking up prescription medicines. See Medical Home Directory for a list of pharmacies.

Participants Receiving Care through Community and Behavioral Health Services

HSF participants receiving care through San Francisco Community Behavioral Health Services (SFCBHS) can obtain medication through the SFCBHS licensed pharmacy at 1380 Howard Street or through the SFCBHS network of community pharmacies. The pharmacy will consult the SFCBHS pharmacy benefits management company (PBM) to confirm the patient is eligible for services and that the prescribing provider is a SFCBHS provider. Only SFCBHS providers can access **specialty** psychiatric medications on the SFCBHS formulary.

Participants Receiving Behavioral Health Services at the Medical Home

HSF participants receiving behavioral health services at their primary care home are authorized to receive only those medications listed on their medical home's Drug Formulary. Each provider organization may have a different formulary.

Specialty Care

Participants can be referred **ONLY** to specialists at the medical home or facility associated with their medical home. Participants may not see a specialist without an authorized referral from their medical home. If a participant sees a specialist without an authorized referral from their medical home, Healthy San Francisco will not pay for the treatment received.

Laboratory Services

Medical tests may be performed either at a participant's medical home or at the hospital associated with their medical home. Not all medical homes provide testing or laboratory work on site. For questions regarding laboratory services, contact the applicable medical home contact listed on page 6.

Mental Health

HSF participation includes access to inpatient/outpatient mental health services. The HSF medical home is responsible for providing primary care level behavioral health services such as assessment and medication management. Participants requiring a higher level of behavioral health services may be referred to San Francisco Community Behavioral Health Services (SFCBHS) via the Central Access Hotline:

- Local Callers: (415) 255-3737
- Toll-Free Callers: (888) 246-3333
- TDD for People who are Deaf, Hard-of-Hearing, or have Speech Disabilities: (888) 484-7200

SFCBHS benefits include:

- Standard benefit (capped) – 20 individual therapy sessions per year; 30 inpatient days per year
- Specialty benefit (uncapped) – for severely and persistently mentally ill or severe or persistent substance abuse disorder, no limits on individual/group treatment
- Psychiatric hospitalizations at any CBHS affiliated facility

Process for Authorization of Additional Mental and Behavioral Health Services

Participants are allotted up to 20 behavioral health visits per year under the HSF Standard Benefit, and unlimited visits as part of the specialty benefit. The 20 visit annual cap applies to HSF participants accessing services through SFCBHS only. This does not apply to primary-care level behavioral services rendered at the primary care medical home.

Healthy San Francisco participants who exhaust the standard benefit can be evaluated for potential authorization for additional services or assignment to the specialty benefit. HSF participants must contact Central Access, (415) 255-3737 at SFCBHS to be authorized for therapeutic services through SFCBHS. HSF participants or their providers who believe they will exceed 20 visits limit should contact Central Access to request re-evaluation for the specialty benefit. Central Access will route the request to the SFCBHS Medical Directors, who will determine if additional services are medically appropriate.

Seriously mentally ill participants assigned to the specialty benefit will be assigned to one of SFCBHS's contracted clinics for treatment.

SFCBHS's Point of Service (POS) fees are assessed on the [Uniform Method of Determining Ability to Pay](#) (UMDAP) scale.

Family Planning

Family planning services are available at most HSF medical homes. These may include:

- Birth control
- Pregnancy testing
- Sexually transmitted disease testing
- Services related to having children

Durable Medical Equipment (DME)

A prescription is required for durable medical equipment and each medical home has a designated resource for pick up. Participants may only receive DME with a referral.

Substance Abuse

HSF participation includes access to outpatient substance abuse services.

Participants requiring a higher level of behavioral health services may be referred to San Francisco Community Behavioral Health Services (SFCBHS) via the Central Access Hotline:

- Local Callers: (415) 255-3737
- Toll-Free Callers: (888) 246-3333
- TDD for People who are Deaf, Hard-of-Hearing, or have Speech Disabilities: (888) 484-7200

SFCBHS includes:

- Standard benefit (capped) – 20 individual therapy sessions per year; 30 inpatient days per year
- Specialty benefit (uncapped) – for severely and persistently mentally ill or severe or persistent substance abuse disorder, no limits on individual/group treatment

SFCBHS Point of Service (POS) fees are assessed on the [Uniform Method of Determining Ability to Pay](#) (UMDAP) scale.

Short-Term Acute Rehabilitation Services

HSF participation includes access to short-term rehabilitation services only at Laguna Honda Hospital and Rehabilitation Center (LHH) including:

- acute rehabilitation of up to 30 days and/or
- skilled nursing facility rehabilitation of up to 30 days.

If a HSF participant receiving care in an acute care hospital subsequently needs short-term rehabilitation services that cannot be provided by the acute care hospital, then the HSF participant may be referred to LHH.

HSF uses the LHH admission criteria for short-term rehabilitation services. Admission to LHH will be decided based on the following criteria:

- Primary diagnosis of a medical condition (not psychiatric) that requires nursing facility care (MD verified)

- Existing physical or cognitive functional limitation requiring care that cannot be provided at a lower level (e.g., a board & care home or other intermediary facility)
- Need for active daily rehabilitation on an inpatient basis
- Need for ongoing rehabilitation aimed at raising functional status

HSF does not include long-term rehabilitation services of any kind (including those received in a skilled nursing facility). If a HSF participant requires long-term rehabilitation services, then Medi-Cal eligibility will be determined for the person. If the person is found to be Medi-Cal eligible, then they will be enrolled in Medi-Cal and disenrolled from HSF.

If there is no bed available at LHH to provide short-term rehabilitation services to a potential HSF patient/resident and the individual meets LHH's admission criteria, then the potential HSF patient/resident will be placed on LHH's wait list. Once a bed becomes available and if the patient is still appropriate for rehabilitation services, they will be admitted into LHH. As noted above, HSF does not cover short-term rehabilitation services provided at other similar rehabilitation facilities.

Admission criteria and information can be located here: [Laguna Honda Admission & Discharge Forms](#). Refer questions about short-term acute rehabilitation services to (415) 682-5682 or (415) 682-5681.

Authorizations and Referrals

Each medical home network has their own referral and authorizations process. If a participant receives services from a provider who is not part of their HSF medical home network, with or without an authorized referral from the medical home, HSF will not pay for the services received. Please refer to the table below for Medical Home Network Utilization Management contacts.

Medical Home/Facility Network	Contact Name	Email
BAART Community HealthCare	Ana Sampera	utilization@sfdph.org
Brown & Toland Physicians - CPMC	Customer Service	customerservice@btmg.com
CCHCA-Chinese Hospital	Debbie McAllister, RN	Dmcallister@CCHPHMO.COM
Department of Public Health Clinics	Ana Sampera	utilization@sfdph.org
Glide Health Services	Karen Hill, RN	Karenh@glide.org
Kaiser Permanente San Francisco Medical Center	Rachel Kaufman	Rachel.Kaufman@kp.org
North East Medical Services	Ken Tai, MD	kenneth.tai@NEMS.org
Select San Francisco Community Clinic Consortium Clinics using SFGH	Ana Sampera	utilization@sfdph.org
Sister Mary Philippa Health Center	Barry Lawlor	Barry.Lawlor@DignityHealth.org

Out of Network Care

Each HSF medical home network has their own policies and procedures for authorizing and referring medical care outside of their network. Please refer to the table below for Medical Home Network Utilization Management contacts.

Medical Home/Facility Network	Contact Name	Email
BAART Community HealthCare	Ana Sampera	utilization@sfdph.org
Brown & Toland Physicians - CPMC	Customer Service	customerservice@btmg.com
CCHCA-Chinese Hospital	Debbie McAllister, RN	Dmcallister@CCHPHMO.COM
Department of Public Health Clinics	Ana Sampera	utilization@sfdph.org
Glide Health Services	Karen Hill, RN	Karenh@glide.org
Kaiser Permanente San Francisco Medical Center	Rachel Kaufman	Rachel.Kaufman@kp.org
North East Medical Services	Ken Tai, MD	kenneth.tai@NEMS.org
Select San Francisco Community Clinic Consortium Clinics using SFGH	Ana Sampera	utilization@sfdph.org
Sister Mary Philippa Health Center	Barry Lawlor	Barry.Lawlor@DignityHealth.org

Excluded Services

The following services are NOT provided by **Healthy San Francisco**:

- Acupuncture
- Allergy testing and injections
- Chiropractic
- Cosmetic Services
- Dental
- Gastric by-pass surgery and services
- Genetic testing and counseling
- Infertility
- Long-term care
- Organ transplants
- Sexual reassignment surgery
- Speech and hearing services
- Travel immunizations
- Non-emergency transportation
- Vision
- Services not available within the medical home network

Service Records/Data

Encounters

Providers are required to submit claims and encounters in order to receive reimbursements for services rendered to HSF participants. The data should be uploaded to San Francisco Health Plan's secured FTP site by the 15th of the month following the month in which the record was captured by the medical home network.

For questions regarding data submission contact Roger Excell at rexcell@sfhp.org.

Data Elements

SFHP will provide medical homes with a list of required data elements needed for reporting and other purposes. These elements will be defined to eliminate any misinterpretation. Encounter data should be submitted in one of the three file formats listed below, with the HIPAA-compliant 837 file type being the preferred format by SFHP:

1. EDI – 837 Claims format (837I or 837P)
2. Fixed length data format (DHCS Medi-Cal format)
3. Comma delimited (text qualified) format

SFHP will provide 837 companion guides to medical homes. If the medical home cannot submit data in the 837 or the Medi-Cal fixed length formats, SFHP will provide them with a data layout supporting the comma delimited format.

SFHP's ITS department will work closely with medical homes to facilitate and ease the data implementation project.

Quality Improvement

Program Structure & QI Committee

The focus of the HSF QI Program is to ensure access to high quality care for all participants.

Each medical home network must send at least one clinical or quality improvement leader to the HSF Quality Improvement Committee that meets annually in October. The HSF QI Committee implements quality assurance and improvement initiatives through HSF's third party administrator, San Francisco Health Plan. Improvement initiatives are then rolled out through existing QI structures in the Department of Public Health provider system, San Francisco Community Clinic Consortium provider system, and other provider systems.

Health Education Mailings

Each HSF participant receives a preventive care and wellness outreach mailer 60 days after enrollment and annually thereafter. These mailers promote preventive care by educating participants about the importance of:

- Regular primary care check-ups
- Eating healthy
- Exercise
- Recommended exams, screenings and immunizations

All participants receive the HSF newsletter, *Heartbeat*, on a quarterly basis. This publication provides information about how to make the most of HSF services and promotes healthy living through articles stressing the importance of regular exercise, good nutrition, and preventive care.

All HSF participant materials are available in English, Chinese, and Spanish.

Disease Management

The HSF QI Program also includes support for panel management and registry use to assist medical homes in improving both preventive care and chronic illness care. Medical homes receive didactic training sessions, customized consultation, and peer networking to improve their care of conditions such as diabetes, hypertension, hyperlipidemia, and chronic pain. These trainings take place through a nationally-recognized program called Strength in Numbers, where medical homes report results on a set of measures and receive assistance in making improvements. Preventive care screenings promoted include screening for breast cancer and colorectal cancer. HSF QI Program interventions and shared measures support medical homes in reducing the delay for medical appointments and in improving show rates for primary care visits

For more information, please refer to the [Strength in Numbers 2012 Program Description](#) or contact Hunter Gatewood at hgatewood@sfp.org.

Participant Customer Service

Participant Complaints Process

There are three ways for participants or their representatives to file a complaint:

1. Telephone – HSF Customer Service Center (415) 615-4555
2. Mail – Healthy San Francisco
Attn: Complaint Coordinator
201 Third Street, 7th Floor
San Francisco, CA 94103
3. Online –
http://www.healthysanfrancisco.org/participants/Report_A_Problem.aspx

All participant complaints are sent to the HSF Customer Service Center (CSC) for logging, tracking and resolution. Complaints are handled based on the type and category of complaint:

- *Category 1 complaints* – Customer Service, Billing, Participant Materials
- *Category 2 complaints* – Eligibility, Enrollment
- *Category 3 complaints* – Authorizations, Referrals, Medical Necessity, Coverage Interpretation, Provider Issues, Quality of Care, Access

The HSF CSC coordinates with HSF Program and medical home resources as appropriate in order to resolve Category 1 and some Category 2 complaints. All Category 3 complaints are handled by the Quality Improvement (QI) Coordinator. The QI Coordinator works with HSF Program and medical home resources as appropriate to resolve all Category 3 complaints.

To ensure participants' concerns are met, complaints must be closed within 60 calendar days. When a complaint is in reference to a clinical issue, if no response is received from an external resource such as a medical home site or an individual provider within 15 calendar days of the initiation of the complaint, the complaint will be escalated to the SFHP Medical Director for intervention.

Medical Home Site Reviews

Because most HSF medical home sites receive full-scope facility site and medical record reviews through their health plan contracts, HSF does not do site reviews. HSF utilizes the existing health plan site review process to ensure quality standards are met at HSF medical home sites.

Coordination with Other Programs

What to do if a participant has or is eligible for insurance or other programs

Insurance is always a better choice because HSF has limited services and places to get health care. Medical homes should notify HSF Customer Service Center or the CAA Supervisor for their medical home network if a participant becomes eligible for public or private insurance.

The medical home is responsible for identifying and providing application assistance when a participant may have a change in health status that qualifies them for a health coverage program. If your site does not have a HSF Application Assistor, you must refer the patient to the enrollment site associated with your medical home for application assistance. If the HSF participant develops a linkage to another coverage program due to a change in medical condition (e.g. via pregnancy), they are required to be screened for eligibility for these programs as part of the conditions of their enrollment in HSF. If they are found to be eligible for another program, they will be required to apply for this program at the time they contact their provider to obtain services. The participant agrees to this program requirement by signing the Healthy San Francisco Application Acknowledgement form at the time of enrollment.

The medical home is also responsible for ensuring that the participant is enrolled in the program and that the program is billed appropriately. For example, if a Healthy San Francisco participant becomes pregnant, the medical home is responsible for identifying the participant, enrolling the participant in emergency Medi-Cal for pregnancy-related services and billing Medi-Cal appropriately.

Pregnancy Related Services

If a participant is approved for Pregnancy-Only Medi-Cal, her pregnancy-related services, including abortion, will be covered under Medi-Cal. Non-pregnancy related services will continue to be included under Healthy San Francisco. Providers will direct patients seeking pregnancy-related services to the appropriate eligibility staff and enrollment site associated with the patient's medical home to complete applications for these programs. Compliance with these application processes is required to ensure that the patient can receive these services under a coverage program.

Healthy San Francisco is the program of last resort and **will only include pregnancy-related services in the event the participant is screened and is found ineligible for pregnancy related coverage programs.**

Coordination with Community Resources, Patient Assistance Programs, and Charity Care

Because HSF is not insurance, many participants are still eligible for community resources, Patient Assistance Programs and charity care policies. Continue to refer patients to these programs.

Healthy San Francisco Contacts

List of HSF Contacts

General Information for **non-participants**:

Phone: 3-1-1 (City and County's Customer Service- 24-hrs a day/7days a week)

Email: info@healthysanfrancisco.org

Program information and questions from **HSF participants**:

Healthy San Francisco Customer Service Center

Phone: (415) 615-4555 (Monday-Friday, 8:30am-5:30pm)

Email: participantservices@healthysanfrancisco.org

Providers and Medical Home Administrative Staff questions:

Healthy San Francisco Provider Relations

Phone: (415) 615-5180 (Monday-Friday, 8:30am-5:30pm)

Email: medhomeservices@healthysanfrancisco.org

Employer questions about HSF and compliance with the Health Care Security Ordinance:

Barry Schenbaum, Employer Relations

Phone: (415) 615-4492 (Monday-Friday, 8:30am-5:30pm)

Email: bschenbaum@sfhp.org

For **HSF Application Assistor** questions:

Johana Alvarado, Healthy San Francisco Training Specialist

Phone: (415) 615-4493 (Monday-Friday, 8:30am-5:30pm)

Email: jalvarado@sfhp.org

Frequently Asked Questions

What is the Employer Spending Requirement?

The Health Care Security Ordinance (HCSO) passed by the San Francisco Board of Supervisors in August 2006 requires San Francisco employers with 20 or more employees to pay a minimum amount of money per hour paid for health care benefits for San Francisco workers, regardless of where the workers live. This is called the Employer Spending Requirement (ESR). The HCSO also authorized the City to develop the Healthy San Francisco (HSF) program and the Medical Reimbursement Accounts (MRAs) as options for employers to meet their ESR.

Employers may choose the City Option (Healthy San Francisco and Medical Reimbursement Accounts) to comply with the HCSO.

What is the City Option?

The [City Option](#) is a program offered by the City as a way for employers to comply with the Employer Spending Requirement of the Health Care Security Ordinance. The City Option allows employers to deposit money with the City and County of San Francisco on behalf of their employees that will be used to fund health care for their employees. Employees are able to use their employer's contributions towards either participation in Healthy San Francisco or a Medical Reimbursement Account, based on their eligibility. For more information on Healthy San Francisco eligibility rules and other requirements, please visit the [Eligibility Section](#) on the Healthy San Francisco website.

For employees who are eligible for Healthy San Francisco, the money will be put toward the participation fees in Healthy San Francisco. Employees receive a 75% discount on quarterly program participation fees if they qualify for HSF.

For employees who are *not* San Francisco residents or who otherwise don't qualify for Healthy San Francisco, the money is deposited into an individual [Medical Reimbursement Account](#) that can be used to pay for out-of-pocket medical expenses.

Some employees will have their employer's deposits assigned to Healthy San Francisco, but will later be determined not to be eligible for the program. These employees may request that the funds be transferred to a Medical Reimbursement Account by contacting Healthy San Francisco Customer Service Center at (415) 615-4555.

For more information regarding the Employer Spending Requirement or City Option program, please contact Healthy San Francisco Employer Relations at (415) 615-4492 or bschenbaum@sfhp.org.

Is it permissible to move a participant back to the hospital partnered with their medical home?

Hospitals (including SFGH) may accept level-of-care transfers for HSF participants if the transferring hospital does not have a bed available at the needed acuity level. An inter-facility transfer for an HSF participant is subject to availability of appropriate-level beds at the receiving hospital AND agreement between the two facilities.

Services at hospitals not associated with a participant's medical home are not paid for by Healthy San Francisco, even if the participant is transferred from the hospital partnered with their medical home to a different hospital, due to bed shortages. In these circumstances, participants should be referred to the hospital's charity care program to see if they qualify.

Can participants access services retroactively?

HSF does not provide access to services retroactively. However, some medical homes may offer access to their own sliding scale programs retroactively. For example, the Department of Public Health (DPH) addresses patient full bill accounts within the previous 3 months from the date of Healthy San Francisco enrollment by determining the person's eligibility to the DPH Sliding Scale Program based on HSF verification provided. Please have participants contact each medical home to ask about these types of programs.

Does HIPAA apply to Healthy San Francisco since it is not insurance?

Yes. It is important to remember that HIPAA (Health Insurance Portability and Accountability Act) applies to Healthy San Francisco participant information. Please use, disclose, and request only the minimum amount of protected health information (PHI) needed to accomplish the intended purpose of the use, disclosure, or request. Examples of PHI include health conditions of individual and patient identifiers (e.g. address, phone number, social security number, medical record number, etc.). Notification requirements of breaches of PHI also apply to HSF data.

If you have any questions, contact Nina Maruyama at nmaruyama@sfhp.org.